Nonrefundable Filing Fee: \$50.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS Business Registration Division

FORM DC-9

7/2004

335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810

ARTICLES OF MERGER

(Subsidiary into Parent) (Section 414-314, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The	e undersigned, duly authorized officers	of the corporation submitting these Art	ticles of Merger, certify as follows:	
1.	The name and state of incorporation of the parent or surviving corporation is:			
	(Type/Pr	int Corporate Name)	(State)	
2.	The name and state of incorporation of the merging or subsidiary corporation is:			
	(Type/Pr	int Corporate Name)	(State)	
3.	The surviving corporation owns at least 90% of the issued and outstanding shares of the merging corporation.			
4.	The Plan of Merger has been approved by the board of directors of the surviving corporation.			
5.	A copy of the Plan of Merger was mailed to all of the shareholders of the subsidiary corporation on:			
	(Month Day	Year)		
6.	Outstanding shares of each class of the subsidiary corporation and shares of each class owned by the surviving corporation:			
	Number of Outstanding Shares of the Subsidiary Corporation	Class/Series	Number of Outstanding Shares of the Subsidiary, owned by the Parent Corporation	
7.	The merger is effective on the date and time of filing the Articles of Merger or at a later date and time, no more than 30 day after the filing, if so stated. Check one of the following statements: Merger is effective on the date and time of filing the Articles of Merger.			
	Merger is effective on, at, m., Hawaiian Standard Time, which date is not later than 30 days after the filing of the Articles of Merger.			

We certify under the penalties of Section 414-20, Hawa same are true and correct.	aii Revised Statutes, that we have read the above statements and that the
Signed thisday of	,
Parent or Surviving corporation:	(Type/Print Corporate Name)
(Type/Print Name & Title)	(Type/Print Name & Title)
(Signature of Officer)	(Signature of Officer)

Instructions: Articles of Merger must be typewritten or printed in *black ink*, and must be *legible*. The articles must be signed by at lease one officer of the parent or surviving corporation. All signatures must be in *black ink*. Submit original articles together with the appropriate fee.

- Line 1. State the full name of the parent or surviving corporation and its state of incorporation.
- Line 2. State the full name of the subsidiary or merging corporation and its state of incorporation.
- Line 5. Give the month, day and year that a copy of the Plan of Merger was mailed to the shareholders of the subsidiary corporation.
- Line 6. Complete the information for the number of outstanding shares of each class of the subsidiary corporation and the number of shares owned by the surviving corporation.
- Line 7. Check whether the merger is effective on the date and time of filing the Articles of Merger with the Department of Commerce and Consumer Affairs, State of Hawaii, or effective on a future date. If a future date is selected, state the effective date and time, which cannot be more than 30 days after the filing of the Articles of Merger.

Filing Fees: *Filing fee (\$50.00) is not refundable.* Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check (\$15 fee plus interest charge).

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.